

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-17-05</u>		2 Serial/Patent # <u>10/526540</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>2</td><td>--</td><td>0</td><td>1</td><td>8</td><td>4</td> </tr> </table>			0	2	--	0	1	8	4
0	2	--	0	1	8	4					
	No Fee Due (Explanation):										
<i>See Code Correction</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>		TITLE: <u> </u>									
SIGNATURE: <u>BAC</u>		<small>Repln. Ref: 06/17/2005 BCAMPBEL 0012202600</small> <small>DAH:025 PHONEce/Number:10526540</small> <small>FC: 9204 \$50.00 CR</small>									
OFFICE: <u>PCT/DW/EO</u>											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**